

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM
LEAD & COPPER RULE-CONSECUTIVE SYSTEMS SAMPLING REDUCTION REQUEST
 (With attached Roles and responsibilities Chart)

Instructions: The selling (parent) and purchasing (consecutive) systems must complete Sections A and B of this form and the Roles and Responsibility Chart on page 2 and return them to the DEP with a completed copy of the DEP sampling plan form (LCR-A) by the date noted below. A reduction request must be completed for each individual purchasing (consecutive) system.

SECTION A. TO BE COMPLETED BY PURCHASING (CONSECUTIVE) PUBLIC WATER SYSTEM

CITY/TOWN: _____ **PWS ID #:** _____

PUBLIC WATER SYSTEM NAME: _____

ADDRESS: _____

TELEPHONE () _____ **FAX:** () _____ **EMAIL:** _____

THE _____ (insert PWS name) **requests:**

_____ A reduction in the lead and copper tap monitoring requirements;

_____ An exemption from the water quality monitoring requirements;

and attests that all the following conditions are met:

a. We purchase water from the _____ which has control of the source water and its treatment;

b. We do not treat the water in any way (e.g. treatment includes chlorination, adding sequestering agent, etc);

c. We do not mix our purchased supply with other sources.

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of Purchasing (Consecutive) Water Supplier

Date

Type or Print Name

Title

SECTION B. TO BE COMPLETED BY SELLING PUBLIC WATER SYSTEM

CITY/TOWN: _____ **PWS ID #:** _____

PUBLIC WATER SYSTEM NAME: _____

ADDRESS: _____

TELEPHONE () _____ **FAX:** () _____ **EMAIL:** _____

_____ (check (√)) **WE SELL WATER TO THE ABOVE PUBLIC WATER SYSTEM**

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of Selling Water Supplier

Date

Type or Print Name

Title

Please return this form by _____ **to:** Department of Environmental Protection, Drinking Water Program

Attention: _____

DEP USE ONLY: APPROVED: _____ DISAPPROVED: _____ OTHER _____

DWP REVIEW STAFF: _____ Signature: _____ Date: ____/____/____

DATE SUBMITTED TO EPA: _____ STATUS AND DATE OF EPA REVIEW: _____

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM
LEAD & COPPER RULE-CONSECUTIVE SYSTEMS SAMPLING REDUCTION AND EXEMPTION REQUEST
(Including Roles and responsibilities Char
(Shaded items require DEP approval/involvement)

LEAD AND COPPER RULE TASKS	WHO IS RESPONSIBLE?	
	Selling system name: _____ _____ _____	Purchasing (consecutive) system name: _____ _____
Conduct LCR Tap Sampling		
Identify Sample Sites (E.g. Conduct material survey, obtain homeowners permission)		
Update Sample Sites, as needed		
Request DEP Approval of Sampling Plan (or changes to sampling plan)		
Develop Chain of Custody (COC) and Other Sampling Forms		
Train home owners and other collectors		
Arrange w/Homeowner To Collect Sample		
Prepare and Providing Sample Bottles and COC		
Pick Up Bottles from laboratory		
Drop Bottles Off at Homes		
Collect Sample and Fill Out COC		
Review COC, accept or reject sample		
Drop Off Bottles at Laboratory		
<i>If you operate your own certified laboratory</i>		
Review COC, accept or reject sample		
<i>If you operate your own certified laboratory</i> Analyze Sample and Perform QA		
Review Sample Results, Organize, and Calculate 90 th Percentile		
Submit Monitoring Results to DEP		
Inform Communities of Results		
Inform Each Homeowner of Their Results		
Investigate Any Unexpected Results and Speak to Homeowners with High Results		
Develop and Mail CCR, Submit to DEP		
Issue PN and submit to DEP, if needed		
Conduct Public Education and submit to DEP, if needed		
Develop Brochures (if applicable)		
Provide Direct Mail (if applicable)		
Provide Public Service Announcements (PSA's) (if applicable)		
Publish Newspaper Ads (if applicable)		
Create and update Information Hotline & Website		
<i>If you operate your own certified laboratory</i>		
Laboratory Information		
Conduct Water Quality Parameters sampling and submit to DEP		
Conduct source water sampling and submit to DEP		
Investigate Treatment Options/prepare and submit recommendations to DEP		
Implement Treatment/prepare and submit permit application to DEP		
Optimize Treatment		
Provide Lead Service Line Replacement/prepare and submit plan and report to DEP		
Provide Technical Assistance to public water system		
Provide Technical Assistance to consumer		

Note: If any item does not apply please write not applicable (N/A)